AMENDMENTS TO THE SPECIFICATION

Page 21, last paragraph:

In another preferred embodiment, cover 20 is formed integral with main body 10 so as to form a closed container 130, shown in Fig. 15. Base 15 is open so as to allow introduction of a prosthesis to the interior of the system prior to the attachment of the system to the wall of the heart. Closed container 130 includes one or more ports ~~40~~ 42 to introduce instruments during the intravascular procedure. After attachment of base 15 to the wall of the heart, ports ~~40~~ 42 are the only exposure to the outside environment. This configuration may provide a greater integrity of system 5 as cover 20 cannot be removed during the procedure, however, the prosthesis cannot be changed during the intravascular procedure due to the permanent closure of the top end of the system.

Page 22, first paragraph:

In addition to the foregoing, the container 130 shown in Fig. 15 can be formed with a closed bottom wall. In this configuration, the prosthesis is pre-loaded into container 130 at

the time of manufacture; thereafter, during use, after the container 130 has been filled with saline, a sharp cutting instrument is introduced through a port ~~40~~ 42 and used to simultaneously cut through the system's closed bottom wall and the wall of the heart. Furthermore, if desired, container 130 could be pre-filled with saline at the time of manufacture, and its closed bottom wall could be pre-coated with an adhesive at the time of manufacture, with the adhesive being covered by a peel-off tab until use.

Page 23, last paragraph, continuing onto page 24:

Figs. 20 and 21 detail an alternative device and method to close the surgical incision 120. Without limiting the scope of this invention, the preferred embodiment of this device and method is to directly close stitching cuff 50 with suture 156, below the base 15 and as close to the surgical incision 120 as possible, which in turn holds incision 120 closed during the healing process. The closed stitching cuff 50 may then either be cut away or detached from the base 15 above cuff closing suture 156 but below the stitching cuff interface 157. This interface 157 is created during the manufacturing process and may be any

one of a number of fixation methods such as sewing, stapling, insert molding or mechanical crimping. This interface may also be the position where the implanted stitching cuff 50 is removed from the base 15. Figure 21 shows the implanted stitching cuff 50, closed with closing suture 156. It is also envisioned that closing suture 156 may be one of many closing mechanisms such as wire, staples or adhesives. Additionally, in case of an emergency, the surgeon may quickly close the open incision 120 by placing a large hemostat across the stitching cuff along the same path of closing suture 156 ~~is~~, as shown in Fig. 21. Additionally, as described earlier, suture cuff 50 may be attached to the surgical site via sutures 158 or hooks 140 or staples 155 or adhesive or other appropriate attaching means.